

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	70911	9/12
O.I.P.E. CLASSIFIER			9/18
FORMALITY REVIEW	CXCC.	50530	10-17-80
RESPONSE FORMALITY REVIEW	6000y	59667	2/22/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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